INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM – FIS Single FC/CC Add/Delete

Current Date _____ 20 _____ Effective Date_____20____

+INSTRUCTIONS

i. Print clearly & complete all applicable sections.
ii. Keep a copy of this form for your records.

AMS System Access:
Email **to:** access.easi@utoronto.ca

SECTION 1: APPLICANT INFORMATION

Check one: ❒ Set Up New User ❒ Department Move ❒ Update existing AMS System User

❒ **CASUAL EMPLOYEE:** Casual Employed By – ❒ U/Temp ❒ Direct by department ❒ External Co.

***Start Date:** _____ ***Termination Date:** _____
*Date Required *Date Required

AMS SYSTEM USER ID	Personnel No.	Staff Appointed Employee Position No.	Org Unit

Applicant Name: _____ _____ _____
Last name (Please print) *First name* *Initial*

Faculty/ Division/Campus: _____ Department: _____

Job title: _____ Phone #: _____

Applicant Email: _____ Fax #: _____

Contact Person: _____ Email: _____

Create/Delete Single Fund Centre Cost Centre Role – Divisional FIS

Section 2: FIS -- Addition of Single Fund or Cost Centre – Please indicate the single Fund Centre and Parent Fund Centre or the Cost Centre and Node or Group number you require plus the Faculty and department they belong to.

Single Cost Centre	Node or Group #	Org Unit #	Belongs to what Faculty & Department	❒ Create ❒ Delete
Single Cost Centre	Node or Group #	Org Unit #	Belongs to what Faculty & Department	❒ Create ❒ Delete
Single Fund Centre	Parent CFC	Org Unit #	Belongs to what Faculty & Department	❒ Create ❒ Delete
Single Fund Centre	Parent CFC	Org Unit #	Belongs to what Faculty & Department	❒ Create ❒ Delete

Signature Authorization

SECTION 3: SIGNATURE -- PLEASE SIGN AND OBTAIN DEPARTMENT HEAD'S SIGNATURE OF APPROVAL FOR AMS ACCESS REQUESTED

_____ _____
Applicant Signature *Date*

_____ _____ _____
Department Head's Name (Please print) *Faculty & Department* *Univ.Tel.#*

_____ _____ _____
Department Head's Signature *Title* *Date*